

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	Carl Russell, pro se	COURT CASE NUMBER	04-30171-MAP
DEFENDANT	Franklin County Sheriff Frederick MacDonald	TYPE OF PROCESS	Civil
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	160 Elm Street Greenfield, Ma. 01301		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Carl Russell, pro se
160 Elm Street
Greenfield, Ma.

01301

Number of process to be
served with this Form - 285

1

Number of parties to be
served in this case

8

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Best time is 0800 till 1600 Monday through
Friday at 160 Elm Street
Greenfield, Ma. 01301

Signature of Attorney or other Originator requesting service on behalf of:

Carl A Russell

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

9-05-04

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 38	No. 38	Daniel W. Spelly	4/20/05

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

LT. GARY HAWKINS

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

10:30 (am)

Signature of U.S. Marshal or Deputy

Daniel W. Spelly

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <u>Carl Russell, pro se</u>		COURT CASE NUMBER <u>04-30171-MAP</u>
DEFENDANT <u>Superintendent Byron</u>		TYPE OF PROCESS <u>Civil</u>
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Superintendent Byron Franklin County HOC</u>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>160 Elm Street Greenfield, Ma. 01301</u>	
AT		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<input type="checkbox"/> <u>Carl Russell, pro se</u> <u>160 Elm Street</u> <u>Greenfield, Ma.</u> <u>01301</u>		Number of process to be served with this Form - 285 <u>1</u>
		Number of parties to be served in this case <u>8</u>
		Check for service on U.S.A. <input type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Best time is 0800 till 1600 Monday through Friday at 160 Elm Street Greenfield, Ma. 01301

Signature of Attorney or other Originator requesting service on behalf of:

Carl A Russell
☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

9-05-04**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>Daniel W. Spelly</u>	Date <u>4/20/05</u>
---	---------------------------	-------------------------------------	------------------------------------	---	------------------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

LT. Gary Hawkins

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service <u>5/6/05</u>	Time <u>10:20</u>
----------------------------------	----------------------

Signature of U.S. Marshal or Deputy

Daniel W. Spelly

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	--	----------------	---------------	------------------	--------------------------------	------------------

REMARKS:

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Carl Russell, pro se	COURT CASE NUMBER 04-30171-MAP
DEFENDANT Deputy Superintendent Shepard	TYPE OF PROCESS Civil
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDITION Deputy Superintendent Shepard Franklin County HOC	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 160 Elm Street Greenfield, Ma. 01301	
AT	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Carl Russell, pro se 160 Elm Street Greenfield, Ma. 01301	Number of process to be served with this Form - 285 1
	Number of parties to be served in this case 8
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Best time is 0800 till 1600 Monday through Friday at
160 Elm Street
Greenfield, Ma. 01301

Signature of Attorney or other Originator requesting service on behalf of: Carl A Russell	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 9-05-24	DATE 9-05-04
---	---	------------------------------------	------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 38	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk Daniel W. Spelly	Date 4/20/05
---	---------------------------	-------------------------------------	------------------------------------	---	------------------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) LT. GARY HAWKINS	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 5/6/05
	Time 10:30 am
	Signature of U.S. Marshal or Deputy Daniel W. Spelly

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	---	----------------	---------------	------------------	--------------------------------	------------------

REMARKS:

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	Carl Russell, pro se	COURT CASE NUMBER	04-30171-MAP
DEFENDANT	Deputy Superintendent Hall	TYPE OF PROCESS	Civil
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	Deputy Superintendent Hall Franklin County HOC		
	160 Elm Street Greenfield, Ma. 01301		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
Carl Russell, pro se 160 Elm Street Greenfield, Ma. 01301		Number of parties to be served in this case	8
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Ali Telephone Numbers, and Estimated Times Available For Service):

Best time is 0800 till 1600 Monday through Friday at 160 Elm Street Greenfield, Ma. 01301

Signature of Attorney or other Originator requesting service on behalf of:

Carl A Russell

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

9-05-04

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 3A	District to Serve No. 3P	Signature of Authorized USMS Deputy or Clerk D. W. Kelly	24	Date 4/20/05
---	--------------------	------------------------------	-----------------------------	---	----	-----------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

LT. GARY HAWKINS

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.Date of Service
5/6/05

Time 10:30 am

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	--	----------------	---------------	------------------	--------------------------------	------------------

REMARKS:

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <u>Carl Russell, pro se</u>		COURT CASE NUMBER <u>04-30171-MAP</u>
DEFENDANT <u>Deputy Superintendent Fitzpatrick</u>		TYPE OF PROCESS <u>Civil</u>
SERVE ➡	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDITION	
	<u>Deputy Superintendent Fitzpatrick Franklin County HOC</u>	
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
	<u>160 Elm Street Greenfield, Ma. 01301</u>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<input type="checkbox"/> <u>Carl Russell, pro se</u> <u>160 Elm Street</u> <u>Greenfield, Ma.</u> <u>01301</u>		Number of process to be served with this Form - 285 <u>1</u>
		Number of parties to be served in this case <u>8</u>
		Check for service on U.S.A. <input type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Best time is 0800 till 1600 Monday through Friday at 160 Elm Street Greenfield, Ma. 01301

Signature of Attorney or other Originator requesting service on behalf of:

Carl A Russell☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

9-05-04**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>David W. Kelly</u>	Date <u>4/20/05</u>
---	---------------------------	-------------------------------------	------------------------------------	---	------------------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

LT. GARY HAWKINS

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

5/6/0510:30 (and)

Signature of U.S. Marshal or Deputy

David W. Kelly

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <u>Carl Russell, pro se</u>	COURT CASE NUMBER <u>04-30171-MAP</u>
DEFENDANT <u>Nurse Morningstar - Medical Administrator</u>	TYPE OF PROCESS <u>Civil</u>
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Nurse Morningstar - Medical Administrator Franklin County HOC</u>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>160 Elm Street Greenfield, Ma. 01301</u>	
AT	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

☐ Carl Russell, pro se
160 Elm Street
Greenfield, Ma.
01301

Number of process to be
served with this Form - 2851Number of parties to be
served in this case8Check for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Best time is 0800 till 1600 Monday through
Friday at 160 Elm Street
Greenfield, Ma. 01301

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

Carl A Russell9-05-04**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

1District
of OriginNo. 38District
to ServeNo. 38

Signature of Authorized USMS Deputy or Clerk

Date

David W. Spelly4/20/05I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

LT. GARY HAWKINS

Address (complete only if different than shown above)

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Date of Service

Time

5/6/0510:30 am

Signature of U.S. Marshal or Deputy

David W. Spelly

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <u>Carl Russell, pro se</u>		COURT CASE NUMBER <u>04-30170-MAP</u>
DEFENDANT <u>Franklin County Sheriffs Department</u>		TYPE OF PROCESS <u>Civil</u>
SERVE ➡	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Franklin County Sheriffs Department % Sheriff F. MacDonald</u>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1160 Elm Street Greenfield, Ma. 01301</u>	
AT		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<input type="checkbox"/> <u>Carl Russell, pro se</u> <u>1160 Elm Street</u> <u>Greenfield, Ma.</u> <u>01301</u>		Number of process to be served with this Form - 285 <u>1</u> Number of parties to be served in this case <u>8</u> Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Best time is 0800 till 1600 Monday through Friday at 1160 Elm Street Greenfield, Ma. 01301

Signature of Attorney or other Originator requesting service on behalf of: <u>Carl A Russell</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>905-1111</u>	DATE <u>5-05-04</u>
---	---	-------------------------------------	------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>Dan W Spelly</u>	DATE <u>5/6/05</u>	TIME <u>10:30</u>	an
---	---------------------------	-------------------------------------	------------------------------------	---	-----------------------	----------------------	----

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <u>LT. Gary Hawkins</u>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <u>5/6/05</u>

Address (complete only if different than shown above)		Time <u>10:30</u>	an
		Signature of U.S. Marshal or Deputy <u>Dan W Spelly</u>	per

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS: